



Johnny's Ambassadors Online Teen Marijuana Curriculum

Johnny's Ambassadors E-Learning class theory incorporates two theoretical frameworks into the educational model supporting behavior change: Social Cognitive Theory¹ and Theory of Possible Selves.² The logic model is attached as a separate document.

The program is a direct-to-teen training and does not require a teacher. The style uses a directive approach and sends a clear prevention message communicating a positive expectation of avoiding high-potency THC products during adolescence and young adulthood. Interactive quizzes, whiteboard videos, and simulations are used to keep young teens engaged in the learning. Teens take a pre- and post-test, so outcomes can be measured regarding the training impact. The assessments are attached as separate documents.

Four primary learning strategies are used in the educational model:

1. Lessons that build knowledge
2. Critical thinking
3. Reflection
4. Making a personal prevention plan

Each of these strategies are described here in detail. Course One Marijuana Training is made up of eight modules, each taking approximately 5 minutes, for a total time of 60 minutes. There is also an optional parallel parent/concerned adult course with a separate introduction and activity.

Module	Goals and Objectives	Key Skills	Duration
Introduction to Parents. Includes an additional video from Laura Stack, Founder & CEO of Johnny's Ambassadors, who shares her family's journey and Johnny's tragic story.	To introduce the problem of high-potency THC for adolescents. Parents will learn how to tell if their teens are using marijuana.	In this lesson, we present ten True-or-False statements covering some of the most likely tip-offs that your teen is using marijuana, followed by the answers. Learning Strategy: Video of Laura Stack, tribute video of Johnny Stack, interactive true and false quiz for identifying if your teen is using marijuana.	15 minutes
1. Cannabis, Marijuana, THC, & CBD: How Are They Related? Knowledge & Critical Thinking	To teach the family tree of the Cannabis plant. To teach the differences between Cannabis, Marijuana, THC, and CBD. After participating in this lesson, students will distinguish a minimum of	Critical analysis identifying cannabis, marijuana, THC, and CBD. Learning Strategy: Interactive drag and drop activity that distinguishes the how these terms are interrelated, emphasizing differences between the	5 minutes

	two significant differences between cannabis, marijuana, THC, and CBD.	plant itself (cannabis), the drug variety of the plant (marijuana) and the cannabinoids it contains (THC and CBD).	
2. Types & Potencies of THC Products Knowledge & Critical Thinking	To increase awareness and recognize the different forms of THC products and the levels of potency for each type (smoking, dabbing, eating, vaping) After participating in this lesson, students will be able to identify four types of THC products and list them from highest to lowest percentage levels of THC.	Correct identification and definition of the types of THC products. Rank order THC products by level of potency. Learning Strategy: Drag and drop with rank order from highest to lowest potency or matching product with potency.	5 minutes
3. Is Marijuana Addictive? Can Marijuana Kill me? Fact Vs. Fiction Knowledge, Critical Thinking and Reflection	To teach teens the facts about the risks associated with marijuana to counter common myths about it being harmless. To understand why teens use marijuana. To teach the substantial short- and long-term health impacts of marijuana use. After participating in this lesson, youth will be able to describe at least 3 facts to counter myths about marijuana.	Analyzing data, checking assumptions, and identifying evidence to separate fact from reality. Learning Strategy: Teach research-based, medical facts about marijuana and the of various negative short-term consequences and long-term lifetime outcomes via the “Fact or Crap” gameshow. Use a whiteboard video to explain why age matters when using marijuana.	5 minutes
4. Marijuana and Brain Development Ages 13 – 18 Knowledge, Critical Thinking, and Reflection	To teach adolescents and their parents about brain development and the critical nature of adolescence for healthy brain development.	Reflection on importance of actions to protect the amazing gift of a healthy brain. Learning Strategy: Whiteboard video with voiceover to narrate how	5 minutes

	<p>To teach medically accurate information about the effects of THC on the developing brain.</p> <p>After participating in this lesson participants will list at least 3 psychological & physiological effects of THC on the brain.</p> <p>After participating in this lesson youth and their parents will recognize and acknowledge the critical developmental phase for healthy brain development and develop and appreciation for this amazing stage.</p>	<p>the adolescent brain develops and how marijuana effects pruning and myelination.</p> <p>Quiz about carving, pruning, and myelination.</p> <p>Whiteboard video and narration on how THC use disrupts normal adolescent brain function.</p> <p>Quiz on brain function.</p> <p>Powerful video testimonial from a teen on how using marijuana changed their brain.</p>	
<p>5. Is Marijuana Medicine? Will It Help My Problems?</p> <p>Knowledge, Critical Thinking and Reflection</p>	<p>Teach teens and their parents’ what the FDA approves as medical treatments.</p> <p>Teach teens and their parents about the problems that youth attempt to “treat” using marijuana, based on the reason they think it will help.</p> <p>After participating in this lesson, participants will be able to identify 3 situations that compel teens to use marijuana and 3 reasons why using marijuana as a coping strategy won’t work.</p>	<p>Correct identification of medical marijuana treatments (seizures) and what transient teen issues worsen with marijuana use.</p> <p>Learning Strategy: Short scenarios with voiceover and image of teen with True/False question. Photos of elements of scenario are patched together into sequences with different backgrounds and narration bubbles. List the 3 problem categories with different scenarios with reasons why marijuana doesn’t work as medicine scientifically.</p>	5 minutes
<p>6. Marijuana and Mental Illness: Psychosis and Schizophrenia</p> <p>Knowledge, Critical Thinking & Reflection</p>	<p>To teach medically accurate information about the consequences of high-potency THC on brain function and the casual</p>	<p>Analysis of medical facts, data from Colorado, establish cause and effect for negative consequences of THC use in early adolescence.</p>	5 minutes

	<p>relationship between early THC use and mental illness.</p> <p>Learn the scientific research of the increased risk of psychosis with marijuana products over 10% THC.</p> <p>After this lesson, participants will correctly identify the increased risk of mental illness as a result of using marijuana.</p>	<p>Learning Strategy:</p> <p>Experiential interaction: what is it like to hear voices?</p> <p>Interactive quiz with how the brain is affected by THC and consequences.</p> <p>Peer video of a young man describing his psychotic episode and mental illness from marijuana.</p> <p>Real illustrations from Johnny’s journal of his psychotic writing.</p>	
<p>7. Can Marijuana Increase Your Risk for Suicide?</p> <p>Knowledge, Critical Thinking, and Reflection</p>	<p>To teach medically accurate information the casual relationship between marijuana use and increase in suicide.</p> <p>Identify signs of a suicidal person.</p> <p>Refer a friend to get help or report in an emergency.</p> <p>After participating in this lesson, participants will be able to answer multiple choice questions correctly related to research on the relationships between marijuana and suicide, identify teens who are feeling suicidal, and text three correct responses to a suicidal friend.</p>	<p>Correct identification of suicidal language by a peer and how to offer support.</p> <p>Evaluation of suicide data from CO before legalization to present.</p> <p>Knowledge of the C-A-R-E™ Model for signs of suicide and the 5-E Process for suicide awareness and response.</p> <p>Learning Strategy: Text message simulation from a suicidal peer.</p> <p>Practice what to say to this friend in a texting simulation.</p> <p>Sharing of suicide prevention resources.</p>	5 minutes
<p>8. My Brain’s Main Job: You are your Brain’s BFF.</p>	<p>To facilitate a commitment from participants to be</p>	<p>Reflection, planning</p> <p>Learning Strategy:</p>	3 -5 minutes

Knowledge, Reflection, Prevention Planning	their/their child's brain's BFF. To teach how the Amygdala can teach a healthy avoidance of marijuana. Learn the qualities of a BFF. After participating in this lesson, participants will create a plan on how to be their brain's BFF.	Whiteboard drawing of the Amygdala. Drag and drop the answer to this question: How can your BFF help you when you are a teenager? List of Healthy Fears on one side and List of Positive Motivations on the other. Parents and their teens develop a contract to AVOID high-potency THC.	
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Research Methods and Evaluation

Since this pilot proposal is evaluating an education program, it meets the requirements of an exempt IRB because the curriculum is typical of the day-to-day health education and prevention goals of middle school students and personnel.

Passive parental consent will be secured 1 week before the course begins.

Student assent will be secured with every student before starting the course and before the baseline and posttest.

Since this program is new, formative evaluation methods will be used. These methods include outcome monitoring of quantitative data using a baseline and posttest, and qualitative data may be collected with interviews and/or focus groups with parents and teachers.

Quantitative methods measure student intermediate outcomes of knowledge and skills. Behavioral outcomes and intentions include mediating measures of self-efficacy and behavioral intentions (see program theoretical model). Student and satisfaction measures are included in the baseline and posttest, as well as individual interviews with parents and teachers implementing the course.

Theoretical frameworks into the educational model supporting behavior change:

¹Bandura, A. (1998). Health promotion from the perspective of social cognitive theory. *Psychology and Health, 13*(4), 623-649.

²Oyserman, D., & James, L. (2009). Possible selves: From content to process. In K. Markman, W. Klein, & J. Suhr (Eds.), *Handbook of imagination and mental stimulation* (pp. 373–394). New York, NY: Psychology Press.